

Ovarian Endometriosis



What is ovarian endometriosis?

Ovarian endometriosis occurs in the form of cysts, also known as **chocolate cysts** or **endometriomas**.¹

Endometriomas are found in about 20% to 40% of people who have endometriosis.²



What are the symptoms?

Symptoms of ovarian endometriosis are often similar to those seen in other types of endometriosis and can vary from person to person. Some people may have severe symptoms, while others have very few or none at all.

Common symptoms include:

- Pelvic pain
- Painful periods that stop your normal activities (dysmenorrhea)
- Heavy periods (menorrhagia)
- Pain during or after sex (dyspareunia)
- Difficulties conceiving
- Extreme tiredness or lack of energy (fatigue)



Some people may also experience:

- Pain before, during, or after a bowel movement
- Bleeding after a bowel movement
- Symptoms of irritable bowel syndrome (IBS), such as diarrhoea, constipation, and bloating
- Pain before, during, and after urination
- Pain on ovulation
- Lower back pain
- Bloating

Tracking your symptoms

Ovarian endometriosis symptoms can overlap with other conditions and vary between people, so keeping a symptom diary can be helpful to track your symptoms over time.

Tracking the timing, severity, and nature of your symptoms provides a clearer picture for your GP.

You might include:

- Dates of your menstrual cycle
- Type and location of pain
- Energy levels and fatigue
- Emotional wellbeing
- Any pain during bowel movements, urination, or sexual activity



How is it diagnosed?

Ovarian endometriosis is diagnosed in the same way as other types of endometriosis.

An ultrasound scan or MRI scan may be used to look for cysts on the ovaries, and sometimes a laparoscopy (keyhole surgery) is needed to confirm the diagnosis.

Treatment of ovarian endometriosis

Surgical treatment for ovarian endometriosis involves a laparoscopy, a type of keyhole surgery used to both diagnose and treat the condition.

Surgical treatment may involve excision, where endometriosis tissue is cut out, ablation, where the tissue is destroyed using heat, or a combination of both.

A laparoscopic cystectomy is recommended for the treatment of ovarian endometriosis. This is where the surgeon excises endometriomas from the ovaries.³

Laparoscopic drainage and ablation may also be used to remove endometriomas.³

The surgeon decides which technique to use based on the size and location of the endometriosis.

When both options are suitable, excision is often preferred so the removed tissue can be examined under a microscope to confirm the diagnosis (biopsy).

[Read more about other treatments for endometriosis here.](#)



Ovarian endometriosis and fertility

Endometriosis can make it harder to get pregnant, also known as subfertility, through several mechanisms. It may distort pelvic anatomy, interfere with the release and capture of the egg by the fallopian tube, and disrupt the transport of eggs, sperm, or embryos.²

Endometriomas may contribute to some of these mechanisms.²

Endometriomas can be associated with a reduced ovarian reserve, meaning there are fewer eggs remaining in the ovaries.² They may also negatively affect egg and embryo quality.²

Management of endometriosis-related subfertility should involve a multidisciplinary team, including a fertility specialist.³

This approach allows for appropriate investigations, such as fertility testing and preoperative assessment, as well as access to treatments such as assisted reproduction (for example, in vitro fertilisation).³

The NHS may fund fertility preservation for people with endometriosis, such as egg or embryo freezing. However, eligibility varies depending on local Integrated Care Board (ICB) policies and individual clinical circumstances. Funding is typically considered when there is a clear medical risk to fertility, including the potential impact of endometriosis.

[You can find your local Integrated Care Board here for more information.](#)



Other risks of ovarian endometriosis

While endometriosis is not a form of cancer, studies have shown that it can be associated with a higher risk of certain types of ovarian cancer.⁴

However, it's important to note that this is rare, and most people with endometriosis will not develop ovarian cancer.

When to seek help

Ovarian endometriosis can significantly affect your physical and emotional wellbeing.

If you're experiencing symptoms that interfere with your everyday life, noticing unusual changes related to your menstrual cycle, or struggling with low mood or anxiety, it's important to talk to your GP as soon as possible.

References

- [1. Endometriosis: Epidemiology, Classification, Pathogenesis, Treatment and Genetics \(Review of Literature\). Smolarz, Szyłło, & Romanowicz. 2021](#)
- [2. Mechanisms of Endometrioma-Mediated Ovarian Damage: Myths and Facts. Ozcan et al. 2025](#)
- [3. Endometriosis: diagnosis and management. NICE. 2017](#)
- [4. Endometriosis types and ovarian cancer risk. NIH. 2024](#)



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